Covered Services & Related Limitations

Refer to the Medicaid Guidelines and Performance Measurements for Prenatal Care Coordination (Appendix 7 of this handbook) for detailed information about the benefit's operational standards and performance measurements.

This chapter outlines Medicaid-covered services, conditions, and limitations for prenatal care coordination (PNCC) services. Prenatal care coordination services include all of the following:

- Outreach.
- Initial Assessment.
- Care plan development.
- Ongoing care coordination and monitoring.
- Health education and nutrition counseling services (for recipients with an identified need).

Note: Providers should be prepared to offer all five components of the PNCC benefit - not just the initial assessment - to eligible recipients.

Refer to the Medicaid Guidelines and Performance Measurements for Prenatal Care Coordination (Appendix 7 of this handbook) for detailed information about the benefit's operational standards and performance measurements. Providers are encouraged to use the guidelines to help ensure that quality services are provided and activities are directed toward the program's objectives and goal as stated in the General Information chapter of this handbook.

Wisconsin Medicaid also uses the guidelines to monitor the administration of the benefit.

Outreach

Outreach involves identifying eligible, low-income pregnant women, who may be unaware of or not have access to PNCC services, and informing them about the benefit. Providers may use a variety of strategies to market and promote PNCC services in the community, such as informational brochures or community presentations.

Providers are not reimbursed separately for outreach activities. Wisconsin Medicaid includes the reimbursement for outreach activities in the reimbursement for the initial assessment.

Initial Assessment

Providers are required to administer an initial, comprehensive risk assessment to all recipients. The purpose of this assessment is to determine the needs and strengths of the recipients. The Department of Health and Family Services' (DHFS)-approved tool for the initial assessment is the Pregnancy Questionnaire (Appendix 8 of this handbook).

Complete *every* section on the Pregnancy Questionnaire unless the recipient objects to a particular section. Refer to Appendix 9 of this handbook for instructions on completing the Pregnancy Questionnaire. Providers may also consult the Guidance Manual for Administering the Prenatal Care Coordination Pregnancy Questionnaire for additional information on administering the questionnaire. Refer to Appendix 16 of this handbook for information on obtaining the Guidance Manual for Administering the Prenatal Care Coordination Pregnancy Questionnaire.

The Pregnancy Questionnaire must be:

- Reviewed and finalized in a face-to-face contact with the recipient.
- Signed and dated by the agency staff member who completed the questionnaire.

The person administering the Pregnancy Questionnaire must be an employee of the Medicaid-certified PNCC agency or an employee of an agency under contract to the PNCC agency.

Refer to Appendix 18 of this handbook for a list of types of qualified professionals who can administer or review the Pregnancy Questionnaire. Qualified professionals are required to review and initial all Pregnancy Questionnaires completed by paraprofessional staff.

Wisconsin Medicaid reimburses for the administration of the Pregnancy Questionnaire regardless of the recipient's score. Recipients may be reassessed at any time, but providers need only readminister the entire Pregnancy Questionnaire if the recipient's situation changes significantly.

Wisconsin Medicaid will reimburse only one comprehensive assessment per recipient, per pregnancy, per provider.

Providers may obtain copies of the Pregnancy Questionnaire at no cost by writing to:

Division of Health Care Financing
Bureau of Fee-for-Service Health Care Benefits
Attn: Forms Manager
P. O. Box 309
Madison, WI 53701-0309

When requesting the Pregnancy Questionnaire, note the form number HCF 1105 on the request.

Care Plan Development

Wisconsin Medicaid will reimburse care planning as a PNCC service when provided by qualified staff. Care planning includes developing *and* implementing the care plan. Wisconsin Medicaid will reimburse the development of a care plan for recipients who score 40 or more points on the Pregnancy Questionnaire. A completed questionnaire must predate the care plan.

Wisconsin Medicaid reimburses for the development of one care plan for each recipient, per pregnancy. (Wisconsin Medicaid reimburses for updates to the care plan under the ongoing care coordination and monitoring procedure code.)

The care coordinator is required to develop an individualized care plan for each eligible recipient. Medicaid does not require a specific care plan format, but the care plan must be:

- Developed (or reviewed) and signed or initialed by a qualified professional.
- In writing.
- Based on the results of the Pregnancy Questionnaire.

Note: Providers should note in the care plan if the recipient does not want to address issues identified in the Pregnancy Questionnaire.

The care coordinator is required to develop an individualized care plan for each eligible recipient.

Refer to Appendix 13 of this handbook for a blank model of a care plan. Providers are not required to use the sample.

To ensure the recipient's needs are met, the care plan must:

- Identify needs, problems, necessary services, necessary referrals, and frequency of monitoring.
- Include an array of services regardless of funding sources.

Refer to Appendix 10 of this handbook for a model of a Pregnancy Questionnaire Summary. Providers may use the Pregnancy Questionnaire Summary as an aid in identifying the recipient's unmet needs.

To the maximum extent possible, include the recipient in the development and any subsequent revisions of the care plan. Include family members and other supportive persons as appropriate. The recipient and care coordinator who developed the care plan are required to sign and date the plan.

Ongoing Care Coordination and Monitoring

A collateral is anyone who has direct supportive contact with the recipient, such as a family member, friend, service provider, guardian, housemate, or school official.

Ongoing care coordination and monitoring activities must be based on the recipient's written care plan. Wisconsin Medicaid will not cover ongoing care coordination and monitoring services that are not based on the recipient's care plan.

Ongoing care coordination and monitoring is a covered PNCC service for recipients who score 40 or more points on the Pregnancy Questionnaire. Except in urgent care situations, providers are required to complete the Pregnancy Questionnaire and a care plan for each recipient prior to providing ongoing care coordination and monitoring services. Providers may offer ongoing care coordination services on the same date they completed the Pregnancy Questionnaire and care plan.

Activities for Ongoing Care Coordination and Monitoring

Covered activities include the following:

- Recipient contacts.
- Collateral contacts.
- Information and referral.
- Assessment and care plan updates.
- Recordkeeping.

Recipient Contacts

Recipient contacts may be face-to-face, by telephone, or in writing, as appropriate. Except for health education and nutrition counseling, Wisconsin Medicaid does not cover recipient contacts for the direct provision of services. Wisconsin Medicaid reimburses for the provision of many medical services under other Medicaid benefits.

Wisconsin Medicaid does not limit the number of contacts providers may have with a recipient. However, reimbursement for the benefit is limited to a maximum amount per pregnancy, per recipient, per provider. Refer to Appendix 19 of this handbook for more information on reimbursement limitations.

Collateral Contacts

A collateral is anyone who has direct supportive contact with the recipient, such as a family member, friend, service provider, guardian, housemate, or school official. Since the purpose of contacts with a collateral is to mobilize services and support on behalf of the recipient, the provider is required to identify the role of the collateral in the recipient's care plan.

Collateral contacts also include time spent on client-specific meetings and formal case consultations with other professionals or supervisors. Do not include time spent discussing or meeting on non-client-specific issues or time spent on general program issues.

Wisconsin Medicaid will not reimburse collateral contacts if there is no recipient contact during the month for which the provider is billing.

Information and Referral

Information and referral means providing recipients with current information about available resources and programs to help recipients gain access to needed services. Providers are required to ensure follow up on all referrals within two weeks, unless otherwise stated. Wisconsin Medicaid reimburses information and referral under ongoing care coordination and monitoring.

Wisconsin Medicaid does not cover care coordination services on behalf of family members who are not Medicaid eligible. However, providers may assist non-Medicaid-eligible family members in accessing services needed to best meet the eligible recipient's needs.

Refer to Appendix 11 of this handbook for a model of a Referral Form.

Appendix 16 of this handbook includes a list of resources that providers and recipients may consult.

Transportation Resources for Recipients
Although Wisconsin Medicaid does not cover transportation services as part of the PNCC benefit, providers often assist recipients in making transportation arrangements. Appendix 17 of this handbook provides information for assisting recipients with transportation arrangements.

Assessment and Care Plan Updates

Providers may update the Pregnancy Questionnaire and care plan, and administer other assessment tools, when necessary. Wisconsin Medicaid reimburses these activities as ongoing care coordination and monitoring services.

Assessment Updates
Providers may update the Pregnancy Questionnaire as frequently as needed. Providers may also administer other assessment instruments periodically, if appropriate, to determine the recipient's progress toward meeting established goals.

Use the ongoing care coordination and monitoring procedure code (W7092) when billing for updates to the Pregnancy Questionnaire and/or administration of other assessments.

Care Plan Updates
Providers are required to review and update the care plan at least every 60 days, or earlier if the recipient's needs change. The provider and the recipient are required to sign and date all updates to the care plan. The provider may initial updates to the care plan if a signature page is included in the recipient's file. Providers are required to keep signed copies of the updates in the recipient's file.

Use the ongoing care coordination and monitoring procedure code (W7092) when billing for updates to the care plan.

Recordkeeping

Wisconsin Medicaid considers recordkeeping a reimbursable ongoing care coordination and monitoring activity. Reimbursable recordkeeping activities include time spent on the following:

- Documenting the pregnancy (e.g., obtaining a signed statement from a physician, physician's assistant, certified nurse midwife, nurse practitioner, family planning clinic, or a Presumptive Eligibility provider).
- Updating care plans.
- Documenting recipient and collateral contacts.
- Preparing and responding to correspondence to and for the recipient.
- Documenting the recipient's activities in relation to the care plan.
- Determining and documenting the pregnancy outcome, including the infant's birth weight and health status.

Wisconsin Medicaid reimburses for recordkeeping only if a recipient contact occurred during the month for which the provider is billing.

If a recipient or collateral contact occurs on the last day of the month, the provider may bill Medicaid for the documentation of the contact in the following month (e.g., if the contact occurred on June 30, the provider may bill for the contact with the July contacts). Wisconsin Medicaid will only allow this exception if the provider documents the contact no later than the next business day.

Providers are required to review and update the care plan at least every 60 days, or earlier if the recipient's needs change.

Provision of Services in Urgent Situations

When ongoing care coordination services are provided in an urgent situation (e.g., the woman is pregnant and homeless, or pregnant and without food), the provider is required to:

- Document the nature of the urgent situation.

- Complete the Pregnancy Questionnaire and care plan as soon as possible but no later than 30 days following the actions taken to alleviate the urgent situation.

Note: Providers may offer ongoing care coordination services to recipients in urgent situations, but Wisconsin Medicaid will not reimburse for these services when they are provided to recipients who score fewer than 40 points on the Pregnancy Questionnaire.

As part of the care planning process, the provider is required to discuss and document the planned frequency of ongoing contacts and monitoring with the recipient (and the recipient's collaterals, if appropriate).

Frequency of Ongoing Monitoring

As part of the care planning process, the provider is required to discuss and document the planned frequency of ongoing contacts and monitoring with the recipient (and the recipient's collaterals, if appropriate). At a minimum, contacts should occur every thirty days. If possible, schedule more frequent visits during the early months of the pregnancy.

Postpartum Services

Wisconsin Medicaid covers PNCC services up to 60 days following delivery. Wisconsin Medicaid covers postpartum PNCC services only if the recipient received care coordination services prior to delivery. During the postpartum period, providers are required to:

- Make at least one face-to-face visit with the recipient.
- Encourage the recipient to choose a primary health care provider for the baby.
- Inform the recipient of the importance of immunizations and regular well-child checkups (HealthChecks) for the baby.

Refer to Appendix 7 of this handbook for additional information on services provided during the postpartum period.

Health Education and Nutrition Counseling

Wisconsin Medicaid covers health education and nutrition counseling under the PNCC benefit if all of the following occur:

- The medical need for health and/or nutrition education is identified in the Pregnancy Questionnaire. Providers should follow up with a more comprehensive assessment of the recipient's health education and nutrition needs and strengths. Providers may use any appropriate assessment tool to conduct the follow-up assessment.
- The recipient's written, individual care plan includes strategies and goals aimed at ameliorating the identified risk factors.
- A qualified professional (as defined in Appendix 18 of this handbook) provides the health education and nutrition counseling. The qualified professional is required to have the expertise, through education or at least one year of work experience, to provide health education and nutrition counseling.
- Services are provided face-to-face. Services may be provided in an individual or group setting. However, providers are required to establish clear strategies and goals for each recipient and include them in the recipient's individualized care plan.

Health education may include, but is not limited to, the following topics:

- Education and assistance to stop smoking.
- Education and assistance to stop alcohol consumption.
- Education and assistance to stop the use of illicit or street drugs.
- Education and assistance to stop potentially dangerous sexual practices.
- Education on environmental and occupational hazards related to pregnancy.
- Lifestyle management consultation.
- Reproductive health education.
- Preparation for childbirth.
- Preparation for the baby.

Nutrition counseling may include, but is not limited to, the following topics:

- Weight and weight gain.
- Medical conditions (for example, anemia, gestational diabetes).
- Previous and current nutrition-related obstetrical complications.
- Psychological factors affecting nutritional status (for example, depression, anorexia).
- Dietary factors affecting nutritional status (for example, the use of supplements, the lack of food resources).
- Reproductive history affecting nutritional status (for example, short inter-pregnancy interval, high parity).
- Breastfeeding education, infant nutritional needs.

Refer to Appendix 7 of this handbook for additional information on the provision of health education and nutrition counseling services.

Recipient Records

According to HFS 106.02(9), Wis. Admin. Code, all providers are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation and records. Providers may keep records in written or electronic formats. If providers keep electronic records, they are required to have hard copies available for review and audit.

As defined in HFS 105.52(5), Wis. Admin. Code, the recipient's file must include the following information, as appropriate:

- Verification of the recipient's pregnancy.
- The recipient's completed Pregnancy Questionnaire. The questionnaire must be scored, signed, and dated.
- The recipient's care plan, signed and dated as required. The provider may initial the care plan if a signature page is included in the recipient's record.
- Completed consent document(s) for release of information.
- A written record of all recipient-specific care coordination and monitoring activities. The record must include documentation of the following information:
  1. The recipient's name.
  2. The date of the contact.
  3. The full name and title of the person who made the contact.
  4. A clear description of the reason for and nature of the contact.
  5. The results of the contact.
  6. The length of time of the contact (the number of minutes or the exact time; for example, 9:15-10:05 a.m.).
  7. Where or how the contact was made.
- Referrals and follow up.
- All pertinent correspondence relating to coordination of the recipient's prenatal care.

The following are general guidelines for documentation of activities:

- Maintain accurate and legible documentation.
- Correct errors with caution. Do not erase or obliterate errors in established records. Instead, draw a line through the error so the words remain legible. Sign or initial and date the correction.
- Arrange the file in logical order if possible, so that documents can easily be reviewed and audited.
- Ensure that all entries are signed and dated and are in chronological order. Initials are acceptable if the recipient's file includes a page bearing the provider's full name and signature.
- Keep documentation concise, but descriptive and pertinent. The notation for each entry should be reasonably reflective of the length of time documented for the activity.
  For example, an entry stating, "Called Recipient X to remind her of her prenatal appointment" should not have a length of time of thirty minutes.
  A more reasonable notation would state: "Called Recipient X to remind her of her upcoming prenatal appointment. Answered Recipient X's questions

Do not erase or obliterate errors in established records. Instead, draw a line through the error so the words remain legible.

regarding transportation and child care for her other children. Also provided her with the name and telephone numbers of several child care providers in the area. Made plans with the recipient for a follow-up home visit."

- If unusual abbreviations and symbols are used routinely (e.g., abbreviations pertaining to internal policy or personal shorthand codes), maintain a key describing each one.

Please refer to Appendix 14 of this handbook for a completed sample time log form.

Safeguarding Recipient Information

State and federal laws require that the personal information of all Medicaid recipients be safeguarded. However, when providing care coordination services, providers may need to obtain or release recipient information on behalf of the recipient. To comply with state and federal laws, providers may release recipient-specific information if:

- The recipient has granted written authorization to the provider.
- The recipient has signed and dated the authorization.

In cases where more stringent laws govern the release of certain personal information, providers are required to comply with those laws. It is the provider's responsibility to be aware of patient confidentiality laws.

For a model of a release of information form, please consult the Informed Consent to Release/Obtain Health Care Information Form in Appendix 12 of this handbook.

Please refer to HFS 104.01(3), Wis. Admin. Code, or to the Provider Rights and Responsibilities section of the All-Provider Handbook for additional information on maintenance and confidentiality of Medicaid recipient records.

If a provider needs to reduce or terminate care coordination services for any reason, the provider should notify the recipient in advance and document this in the recipient's record.

Duplication of Services

Prenatal Care Coordinators

A recipient should not require PNCC services from more than one provider. Although Medicaid does not deny claims for concurrent services, both providers are notified of the overlap. It is the providers' responsibility to eliminate the overlap by communicating with the recipient and with each other to determine which provider will continue to provide PNCC services. The recipient's preferences concerning which care coordinator should provide services must be considered when the care coordinators' roles overlap.

Other Care Coordinators

When multiple family members have care coordinators (case managers), the care plan must identify the role of each care coordinator. Coordinators may not duplicate services. This requirement applies whether or not Medicaid covers the other care coordinator's services.

Reduction or Termination of Ongoing Care Coordination Services

If a provider needs to reduce or terminate care coordination services for any reason, the provider should notify the recipient in advance and document this in the recipient's record. A decision that services can be reduced or terminated should be mutually agreed upon by the provider and recipient. The recipient's file must include a statement, signed and dated by the recipient, indicating agreement with the decision to terminate services. Changes in the care plan should always be discussed with the recipient/guardian/parent.

In circumstances when the provider is unable to obtain a signature from the recipient for the termination of services (for example, the recipient consistently misses meetings with the provider and does not follow through on

referrals, but indicates she wants to continue receiving PNCC services), the recipient's file must include documentation of all attempts to contact the recipient through telephone logs and returned or certified mail. The provider is encouraged to provide the recipient with the names and addresses of other PNCC providers.

If a provider terminates ongoing PNCC services for any reason, the recipient's case is closed. However, there is no limit to the number of times a provider may reopen a recipient's case. The provider is required to document in the recipient's record why the case has been closed and reopened.

Other Limitations

The following related limitations apply to PNCC services in addition to the other limitations stated in this handbook:

1. Prenatal care coordination services are available to recipients who are inpatients in hospital or nursing facilities if:
   - The services do not duplicate discharge planning services that the hospital or nursing facility is required to provide.
   - The service is provided during the 30 days prior to discharge.
2. Wisconsin Medicaid will only reimburse ongoing care coordination and monitoring services *once* per recipient per month of service. The units billed are the sum of the time for the month.

Noncovered Services

The following services are not covered under the Medicaid PNCC benefit:

1. The provision of diagnostic, treatment, or other direct services, except for health education and nutrition counseling. Direct services include, but are not limited to, diagnosis of a physical or mental illness and administration of medications.
2. Recipient vocational training.
3. Legal advocacy by an attorney or paralegal.
4. Ongoing care coordination and monitoring services that are not based on the recipient's current care plan.
5. Ongoing care coordination and monitoring services that are not necessary to meet the PNCC benefit goal.
6. Transportation (provider or recipient mileage or travel time).
7. Interpreter services.
8. Missed appointments (no shows).

There is no limit to the number of times a provider may reopen a recipient's case.